

Mrs Mary R Attnather

Died at

Ler Lome

Town

County

Charles

MARYLAND.

Date 1902

Month

Day

5<sup>th</sup> 9

Y.

M.

D.

Age

over 60

Native of

Charles

Occupation

Farming

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

7

Husband

of

Geo H Attnather

Wife

Father's

Name

Mother's

Maiden Name

Mary R Goldsmith

Cause of

Primary

Death

Immediate

Cerebral Hemorrhage

How long sick

2 days

Accident, Suicide, Homicide

Reported by

P. W. Hankers. M.D.

Address

La Plata Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Matilda Bond-

Town

County

Died at Near Prospect

MARYLAND

Date 1902 May 12

Month

Day

Y.

M.

D.

Native of

Occupation

Age 70-

Married

Widow - Housewife

Male

White

Married

Widow

Died

Female

Colored

Single

Widow

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Bright's Disease

How long sick

Seven years

Death

Immediate

Mania 120

Accident, Suicide, Homicide

Reported by

J. W. Mitchell M.D.

Address

Prospect Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Amelia J. Brent

Town

County

Died at

MARYLAND

near Waldorf  
 Month Day Y. M. D. Native of Occupation  
 Date 1902 May 24 Age 28 - - Md. Housewife  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 1

Husband of  
 Wife of  
 Father's Name Mother's Name  
 Mason Birch Maiden Name Amelia Mudd

Cause of Death { Primary Immediate  
 Apoplexy 64  
 How long sick  
 sudden  
 Accident, Suicide, Homicide

Reported by

Address

G. D. Monroe M. D.  
 Waldorf Maryland  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Leuke Bruce

Town

County

Died at Hagerstown, Md.

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
Oct	1	20	43	--	--	Md	Laborer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	4		

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Maiden Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Marrisa Farrell

Died at <sup>Town</sup> McConcha<sup>County</sup> Chas

MARYLAND

Date 1902      Month May      Day 21      Age 10      Y. 6      M. 4      D. 1      Native of Chas. Co.      Occupation —

Male

~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name Nathan Farrell      Mother's Maiden Name Louisa Johnson

Cause of Death { Primary Dropsy      How long sick 2 weeks  
 Immediate Heart Affection 19      Accident, Suicide, Homicide

Reported by Lancy Warren

Address McConcha and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lulu F. Hellmuth

Died at

MARYLAND

Town *Pisgah* County *Charles*

Date 1902 Month *5* Day *18* Age *28.6* Y. M. D. Native of *Maryland* Occupation *sewer*

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *One*

Husband *Louis F. Hellmuth*

Wife *Louis F. Hellmuth*

Father's Name *William Bowie* Mother's Maiden Name *Celia Mattingly*

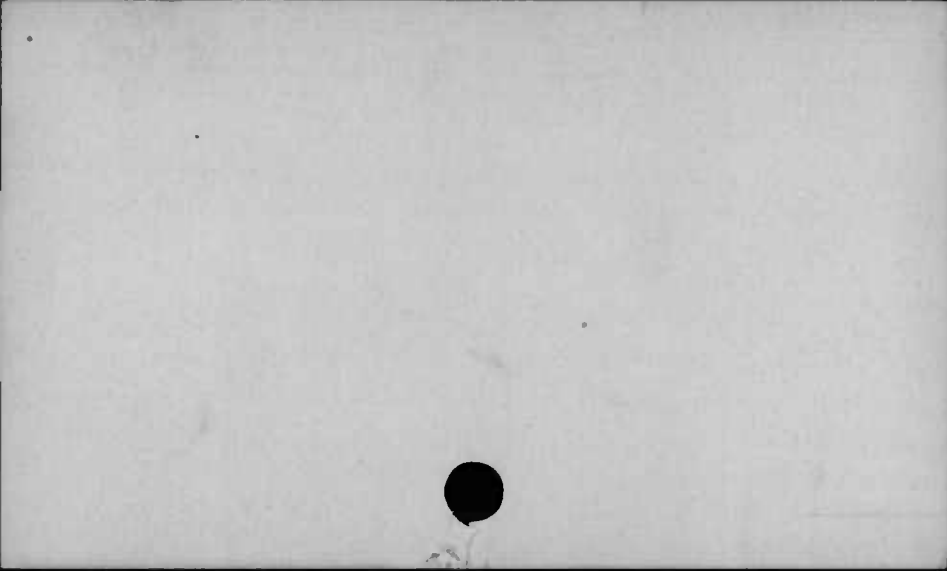
Cause of Death { Primary *Phthisis Pulmonalis Acute* How long sick *7 months*

Death { Immediate *Anemia et Heart Failure* Accident, Suicide, Homicide

Reported by *John L. Harmon M.D.*

Address *Mason Spring Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

May 22

Age

11 -

Chas Co

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

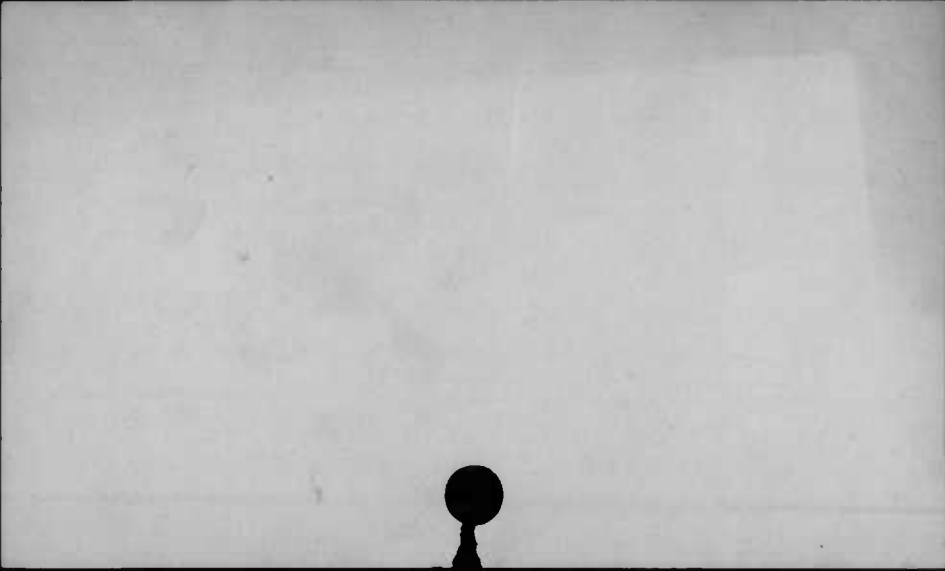
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Johnson  
 Town County  
 Died at Hughesville Charles MARYLAND  
 Date 1902 5-6 Age 33 1 Ind —  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of  
Wife

Father's  
Name

Mother's  
Name

Cause of Primary

Death Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

How long sick

Accident, Suicide, Homicide

**Attended by Dr.** .....

**of** .....

**Seen by Coroner** .....

**of** .....

**Information contained in this certificate received**

**from** .....

**of** .....





Name in Full

Certificate of Death

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~  
Female

White

~~Colored~~~~Married~~

Single

Widow

~~Widower~~

Divorced

Number of children living. none

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Margaret Meadowcroft  
Town Mason Springs County Charles

MARYLAND

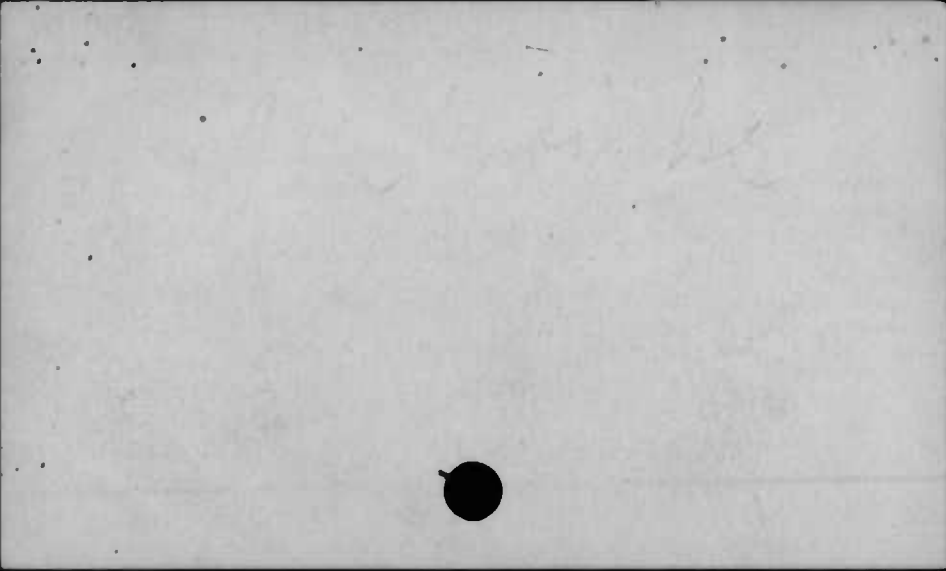
5 31 Age 83 Ind None

Thomas Meadowcroft. (Dead)

Roswell McDaniel NOT Known

Primary Atheroma. Seniliz-154 How long sick 2X hours  
Immediate Atheroma. Cardiac Emphysema Accident, Suicide, Homicide

Samuel L. Harmon M.D.  
Mason Spring Md



Name in Full

Certificate of Death

Died at

Date 1902

Male

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Short

Town

County

near Hill Top Charles

MARYLAND

Month Day Y. M. D.

May 25

Age 1 1

Native of

MD

Occupation

none

Divorced

Number of children living

none

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

James Short

Mother's

Maiden Name

Cora Thomas

Cause of

Primary

Pneumonia

Death

Immediate

congestion of Lungs

C. D. Carpenter

How long sick

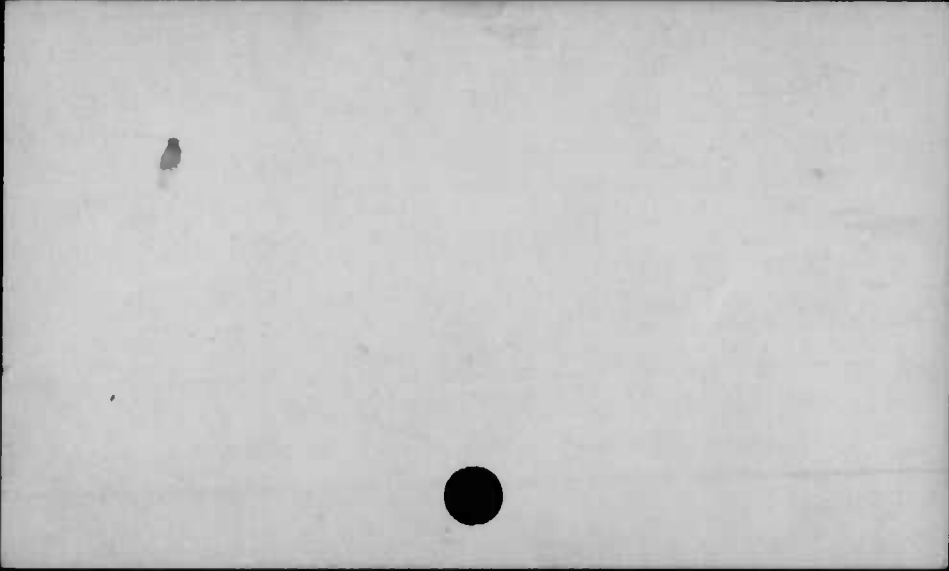
9 days

Accident, Suicide, Homicide

Reported by

Address

Pisgah MD



County Charles

MARYLAND

Died at

Date 19 0 7

Month

Dav

Age

Y

M.

D.

Native of

Occupation

5

10

50

Native of \_\_\_\_\_

Occupation: 01

**Model 1**

## Writer

Maffei

Widow

Pinecroft

Femele

Colored

Simple

Widower

Number of children living

Nisland

Wife

Fether's

Name \_\_\_\_\_

Mother's

Maiden Name

### Cause of

### Primary

How long sick

Deeth

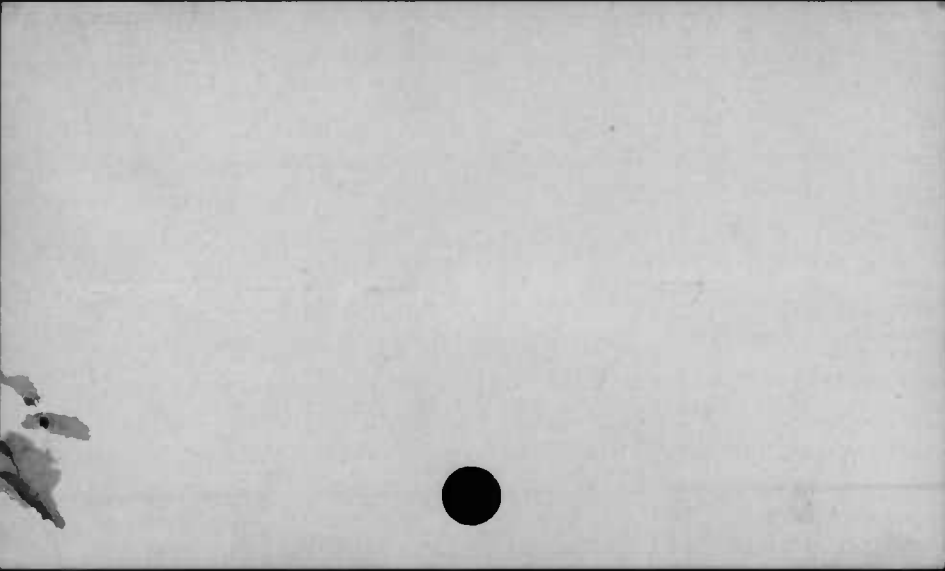
Immediate

### Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Tyler

Town

County

Died at

Charles Co

MARYLAND

Date 189 1907

Month

Day

Y

M.

D.

Native of

Occupation

August 26

Age

60

Farmer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Martha Tyler

Father's

Mother's

Name

Name

Cause of

Primary

85

How long sick

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

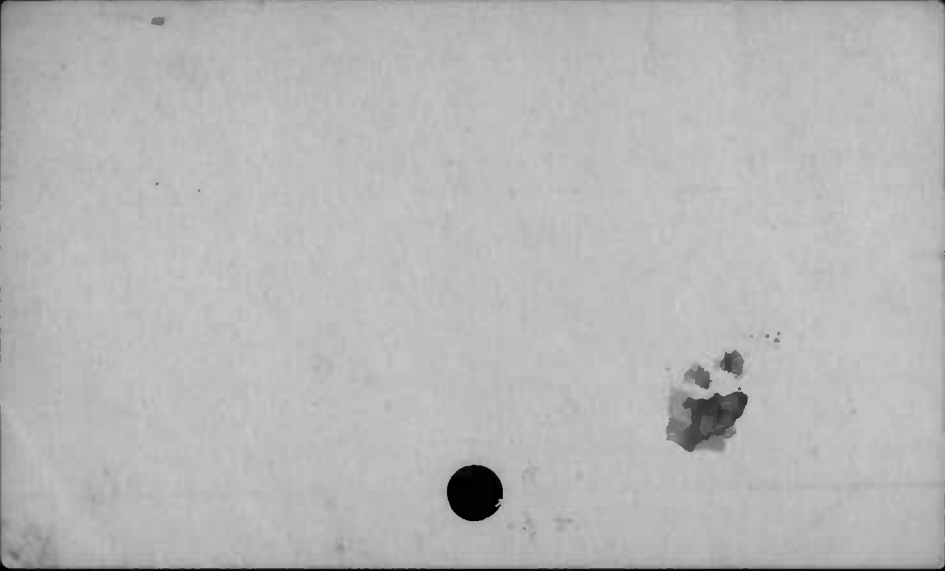
Ben Smith, M D

Address

Dorcas Ave Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Richard A Wright

Town

County

Pisgah

Charles

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5

22

Age

54

Maryland

Sailor

Male

White

~~Married~~~~Married~~~~Married~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Cerebral Apoplexy

How long sick

24 hours

Accident, Suicide, Homicide

Reported by

Jimmie L. Harmon M.D.

Address

Mason Springs  
Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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